

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ _____ Landmark _____
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Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 23-210-AC**

License # S05813694 St MA DOB/Age 10/25/1970 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator PIETREWICZ, AMY FRANCES Address 7 GRANDVIEW ST City AUBURN State MA Zip 01501-1916 Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 1MN531 Reg Type PC Reg State MA Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21 Owner PIETREWICZ, AMY FRANCES Address 7 GRANDVIEW ST City AUBURN State MA Zip 01501-1916 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator				1	1	4	0	0	10	1	
LAUREN HANDFIELD	137 BOYCE ST AUBURN, MA 01501-1738	09/06/1979	F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

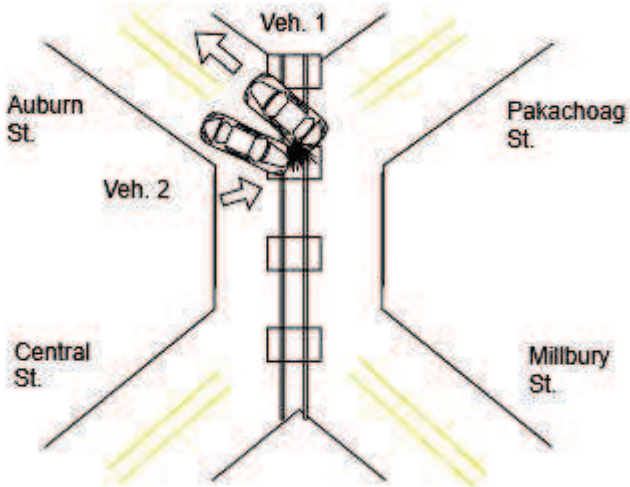
License # SA3080768 St MA DOB/Age 02/04/2004 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator JOHNSON, MEGHAN ELIZABETH Address 2 PRENTICE AVE City AUBURN State MA Zip 01501-2218 Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Travel Direction: <input checked="" type="checkbox"/> N E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 1HSL62 Reg Type PC Reg State MA Veh Year 2009 Veh Make PONTIAC Veh Config. 1 21 Owner JOHNSON, GREGG S Address 2 PRENTICE AVE City AUBURN State MA Zip 01501-2218 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 4 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist				1	1	4	0	0	10	1	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → [1] → [2] → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

↑ Arrow



Crash Narrative:

Vehicle one was traveling northbound on Millbury St, continuing onto Auburn St. (public ways). Vehicle two was traveling southbound on Auburn St. making a left hand turn onto Pakachoag St. Vehicle one had the right of way going straight through the intersection. Vehicle two failed to yield the right of way to vehicle one. As a result vehicle two struck vehicle one while going through the intersection.

No injuries were reported. Vehicle two was towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Stephen Koopman 80SK Auburn Police Department 06/23/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date